

CEPOD
IMMEDIATE REPORT OF
ACCIDENT

SOHO USE ONLY

Date Rec'd: _____

Time Rec'd: _____

TO (COE office): _____ FROM: _____

1. Name of person reporting accident(print): _____ Phone No. _____

2. Accident Information (Check all that apply):

<input type="checkbox"/> Injury	<input type="checkbox"/> Initial Report	<input type="checkbox"/> Contractor	<input type="checkbox"/> Fatality
<input type="checkbox"/> Illness	<input type="checkbox"/> Follow Up Report*	<input type="checkbox"/> Government	<input type="checkbox"/> Other (explain) _____
	<input type="checkbox"/> Final Report	<input type="checkbox"/> Public	

***A follow up report is due within 24 hours of any changes or additional information related to the accident (i.e., workers duty status)**

3. Contractor: _____ 3a. Contract Number: _____

4. Location of accident (be specific): _____

5a. Date of accident: _____ 5b. Time of accident: _____

5c. An explanation is required if this report is being submitted more than 24 hours after the accident occurred.

6. Injured persons: Name: _____ Age: _____ Occupation: _____

7. What was the activity before the accident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using (i.e., excavating with back hoe, electrical equipment installation, demolition of facility, erecting structural steel):

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8. What Happened? Tell how the injury, illness or property damage occurred (i.e., struck by, contacted by, cut by, strained by, fell from same or different level, stung by):

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9. What was the injury, illness or property damage (i.e., contusion, bruise, muscle strain, fracture, respiratory, allergic reaction, skin disease, poisoning, collapsed boom crane, engine fire, damaged utilities)?:

10. Is the injury or illness recordable as defined in OSHA 29 CFR Part 1904? (If yes an ENG Form 3394 must be completed and submitted within 10 days.) Note: An injury or illness is recordable if it results in death, days away from work, transfer to another job, restricted work, medical treatment beyond first aid, loss of consciousness or other significant illness. First aid treatment is clearly defined in OSHA 29 CFR part 1904. YES ☐ NO ☐

11. What medical treatment was required for the injury or illness (i.e. first aid, sutures, prescription medication, x-rays, cast)?

12. If medical treatment was given away from the work site, where was it given? _____

13. Was employee hospitalized overnight as an in-patient? Yes ☐ No ☐ 14c. Estimated days hospitalized: _____

14a. Estimated days away from work: _____ 14b. Estimated Job Transfer or Restricted Days: _____

15. Did accident result in property damage? Yes ☐ No ☐
If yes, estimated property damage: _____
(If property damage is \$2000 or greater an ENG Form 3394 must be completed and submitted

16. **Accident Board of Investigation Required: Yes ☐ No ☐
If yes, was immediate notification to the designated authorities made? The District Safety Office and Commander must be notified of all serious cases. Yes ☐ No ☐

****A board of investigation is required if the accident resulted in: a) a fatality, b) three or more people being admitted to a hospital, c) permanent total or partial disability, or d) property damage of \$200,000 and greater.**

17. Who investigated this accident (print name and title): _____

18a. Signature of person making report: _____ 18b. DATE SIGNED (YYYYMMDD) _____

19a. Title of person making report: _____ 19b. Phone: _____

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